

agency has acted inappropriately and has misused the funds. It is appropriate we give the Department of Labor the authority to act, so if they determine that, they can take action to make sure the money ends up where it is supposed to be, which is in the pockets of seniors who deserve to have jobs and need those jobs for a better lifestyle.

Mr. President, I yield the floor.

Mr. JEFFORDS addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. Mr. President, I ask my colleagues to bear with me. I have two unanimous consent requests that have been cleared on both sides.

CARDIAC ARREST SURVIVAL ACT OF 2000

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 572, H.R. 2498.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 2498) to amend the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal buildings in order to improve survival rates of individuals who experience cardiac arrest in such buildings, and to establish protections from civil liability arising from the emergency use of the devices.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 4344

Mr. JEFFORDS. Mr. President, Senator FRIST has an amendment at the desk, and I ask for its consideration. It has been cleared on both sides.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Vermont [Mr. JEFFORDS], for Mr. FRIST, for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. DODD, Mr. ENZI, Mr. HARKIN, Mr. HUTCHINSON, Ms. MIKULSKI, Ms. COLLINS, Mr. WELLSTONE, Mrs. MURRAY, Mr. GORTON, and Mr. GRAHAM, proposes an amendment numbered 4344.

(The text of the amendment is printed in today's RECORD under "Amendments Submitted.")

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the amendment be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 4344) was agreed to.

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the bill be read a third time and passed, as amended, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The bill (H.R. 2498), as amended, was read the third time and passed.

NEEDLESTICK SAFETY AND PREVENTION ACT

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of H.R. 5178, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 5178) to require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Mr. President, this is an important piece of legislation. Although we will not spend time on the floor debating it or talking about it, that does not take away from the significance of the needlestick bill.

I extend my appreciation to everyone on the majority side and the many people who have worked on our side for coming up with a bipartisan bill to alleviate a significant problem that nurses in America have had for many years.

NEEDLESTICK SAFETY AND PREVENTION ACT

Mr. REID. Mr. President, on October 17, 1997, 28-year-old Lisa Black, a registered nurse from Reno, Nevada, was nursing a man in the terminal stages of AIDS when a needle containing his blood punctured her skin.

Today, Lisa Black is infected with Hepatitis C and HIV.

She must take 22 pills a day to keep her HIV infection from progressing to full-blown AIDS and to delay the effects of Hepatitis C.

Karen Daley, a nurse for over 20 years and President of the Massachusetts Nurses Association, sustained a needlestick injury when she reached her gloved hand into a needle box to dispose of the needle with which she had drawn blood.

Karen Daley did everything in her power and took all the necessary precautions—including wearing gloves and following proper procedures—to reduce her risk of exposure to bloodborne pathogens. Her injury did not occur because she was careless or distracted or not paying attention to what she was doing.

Karen Daley has good reason to believe that had a safer needle and disposal system been in place at her hospital, she would not be sick today. According to the CDC, eighty percent of all needlestick injuries can be prevented through the use of safer needles.

I am pleased that today we are passing bipartisan legislation—the Needlestick Worker Safety and Prevention Act—that will help reduce the incidence of needlestick injuries and illnesses, like those sustained by Karen Daley and Lisa Black.

The Health Care Worker Safety and Prevention Act will strengthen the Oc-

cupational Safety and Health Administration's (OSHA) standard on bloodborne pathogens to encourage greater utilization of newer, safer devices in health facilities. It will require the involvement of workers who provide direct patient care in determining which safer needles and sharps to use in the workplace and a more consistent documentation of all needlestick injuries.

I would like to thank Senators KENNEDY, JEFFORDS, and ENZI as well as Representatives BALLENGER and OWENS for their commitment to this legislation. I am pleased that we were able to come together across party lines to protect the health and safety of our front-line health care workers.

Mr. KENNEDY. Mr. President, I commend Senator JEFFORDS, Senator ENZI, and Senator REID for their effective work on this important legislation. And I also commend the American Nurses Association, the American Federation of Teachers, the Service Employees International Union and the American Federation of Federal, State, County and Municipal Employees for their effective efforts in supporting it.

Needle stick protection is vitally important to health care professionals and to the many others who come in contact with them. Last year, as many as 800,000 health care professionals suffered needle stick injuries. Over 1,000 health care workers were infected with serious diseases, including HIV, Hepatitis B and Hepatitis C.

These injuries were preventable, and because of this bill, many future needle stick injuries will be prevented. The Center for Disease Prevention estimates that this bill will reduce needle stick injuries by as much as 88 percent.

But numbers alone cannot convey the human tragedy of these injuries. One of my constituents, Karen Daley of Boston, is the President of the Massachusetts Nurses Association and was a registered nurse, a job she loved and found very fulfilling. In January 1999, while on duty in an emergency room in Boston, Karen was accidentally stuck by a contaminated needle. Six months later, she tested positive for HIV and Hepatitis C. Fortunately, Karen is in reasonably good health today, although she may never again be able to practice her chosen profession of nursing.

The Needle Stick Safety and Prevention Act will help prevent tragic accidents like Karen Daley's. This bill requires employers to use, where appropriate, safety-designed needles and other sharp devices to reduce the potential transmission of disease to health care workers and patients. It is not enough to rely solely on one type of control, such as disposable needles and other equipment, when safer, appropriate medical devices are available and can be effective in reducing the risk of contaminated needle injuries.

This bill also provides that employers must establish an injury log to record the kind of devices, and the location, of all needle stick accidents.